

APPLICATION FOR FUNDING RURAL AUTOMATED EXTERNAL DEFIBRILLATOR

INTRODUCTION:

The Alaska Department of Health and Social Services, Division of Public Health, Section of Injury Prevention and EMS (previously known as CHEMS) has received its third year funding for the Rural Access to Emergency Devices Grant Program for September 2005 – August 2006. This grant is through the U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy. This document is provided to inform eligible agencies of the information needed from each of the community partnerships in order to be considered for receipt of Automated External Defibrillators (AED).

The “community partnership” is the basic building block in our statewide program and we should receive only one application for each community. Eligible organization types include public and private nonprofit entities, faith-based and community-based organizations. In some cases, such as the Mat-Su Borough, the Fairbanks North Star Borough, and the Kenai Peninsula, we are expecting a single application from each that reflects the needs of the area. In communities where fire, law enforcement and EMS are interested in requesting AEDs under this program, a single application reflecting the partnership between agencies is best. There is no requirement that the local Emergency Medical Services agency be the lead agency for developing local applications. However, since the EMS agency will necessarily be involved in any responses, it should have a role in the application’s development.

Following receipt of the applications, a group of expert evaluators will be convened to provide us with recommendations on how best to distribute the devices throughout the state. We expect to purchase as many AEDs of a single brand and model as possible through a State of Alaska procurement process. We have done this in previous years of the Rural AED Grant and it has allowed us to purchase many more devices than would have been possible had we purchased smaller numbers of different devices.

INSTRUCTIONS:

The request for funding should be prepared in narrative form and address the key points described below. Attached is an application for funding. We recommend that you download the Word version from our website (<http://www.chems.alaska.gov/EMS/AED.htm>). This will allow you to edit it easily. Please feel free to add more pages if you need additional space.

To be considered complete, a signed Memorandum of Agreement must accompany the application. The Memorandum of Agreement can be downloaded from the web site listed above.

FOR MORE INFORMATION :

Applications, including the signed memorandum of agreement, should be sent to:

Doreen Risley
Section of Injury Prevention and EMS
P. O. Box 110616
Juneau, AK 99811-0616

doreen_risley@health.state.ak.us

Phone: 465-8633

FAX: 465-4101

August 16, 2005

APPLICATION FOR FUNDING

RURAL AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAM - ALASKA

Application Deadline: October 28, 2005

Checklist

Please ensure the following items are included in your application for AED funding:

- ☐ Completed Application
- ☐ Signed Memorandum of Agreement
- ☐ Letters of Commitment from agencies in the partnership¹

Community Name:	Contact Name:
Mailing Address:	Telephone:
	Fax:
Physical Address:	e-mail:

BUDGET REQUESTS:

NUMBER OF AEDS: _____ (Please list proposed location for each AED requested on accompanying form.)

NUMBER OF TRAINERS: _____

Other projected expenses:	
Projected Training Costs:	
Total->	

DEMONSTRATION OF LOCAL SUPPORT	
Description	Dollar Value (One Year)
Local AED and/or CPR Training:	
AED Maintenance:	
Other (e.g. Cabinets, batteries):	
Other:	
Total->	

¹ Sample available at www.chems.alaska.gov/EMS/AED.htm

Please use additional paper to complete your application if necessary.

Questions:

1. What is the geographic area covered by your service?

2. How many people live in the area?

3. What are the average EMS response times?

4. How many AEDs are already in your community?

Number of AEDs received in the past through the Rural AED Grant Program:	
Number purchased from other resources outside the Rural AED Grant Program (e.g. Code Blue Program):	
Total number of AEDs in your Community:	

5. To what level are EMTs in the community certified/licensed? (EMT-I, EMT-II, EMT-III, Mobile Intensive Care Paramedic)

6. If there are any other data (cardiac arrests/year), seasonal changes in population, etc., please list them here.

7. How far is the nearest facility with advanced cardiac life support capabilities in distance and time?

8. How did you determine the number of AEDs to request?

9. Where will these/they AEDs be located?
10. Who is expected to use the devices (e.g., first responders, EMTs, lay rescuers, etc.)
11. Who will maintain the AEDs?
12. Do you have adequate resources in your community to train individuals to use AEDs or will you need assistance in providing training?
13. What are your plans for ensuring that a physician or other healthcare provider will be involved in your AED program?
14. As part of the application to the Department of Health and Human Services, Health Resources and Services Administration the State of Alaska is required to describe plans for the sustainability of community partnerships. Please describe your community partnership sustainability strategy using the suggested elements below:
 - a. A mechanism for periodic/ongoing planning and assessment of member and community needs;
 - b. How the community partnership plans to meet its long-range leadership and staffing needs;
 - c. Alternative sources of community partnership revenue, including an approach for diversifying sources of community partnership revenue;
 - d. How the community partnership plans to build financial reserves, e.g., acquiring funds to meet both long-term operational and capital needs;
 - e. How the community partnership plans to measure and communicate its value to its members; and
 - f. How the community partnership plans to acquire sustained financial commitment from its community partnership members to support ongoing community partnership activities.

SUBMISSION INFORMATION:

e-mail (preferred), mail or fax the application so that it is received on or before October 28, 2005 by:

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Department of Health and Social Services
P. O. Box 110616
Juneau, AK 99811-0616

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